



Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901

STATE OF DELAWARE TECHNICIAN/TECHNOLOGIST

CHANGE OF NAME/ADDRESS FORM

If requesting name change, please provide proof, e. g. copy of marriage license, judgment of divorce, court papers. In order to ensure timely renewal of your certification, you are required to notify this office immediately of any name or address changes. Failure to do so may jeopardize your certification standing.

Name on file: _____

Social Security #: _____

Address on file: _____

Change to: _____

Phone # Home: _____

Work: _____

Certification #: _____ Expiration Date: _____

Signed: _____

Date: _____